

**REQUEST FOR PAYMENT OF INTERPRETER SERVICES IN
INDIGENT MATTER**

Administrative Office of the Courts
Nashville City Center, Suite 600 • 511 Union Street, Nashville, TN 37219
Phone (615) 741-2687 • Fax (615) 532-9481

INTERPRETER INFORMATION

Taxpayer ID:

Name/Address/City/State/Zip, Telephone Number

Credentials: (Circle)
 Certified
 Registered
 Non-Credentialed

Defendant's Name

Charge(s)

County

Case Number(s)

DATE	ACTIVITY	IN-COURT HOURS (TENTHS)	OUT-OF- COURT HOURS (TENTHS)	NECESSARY EXPENSES
TOTALS				

**TOTAL AMOUNT TO BE
APPROVED \$**

I certify that the foregoing represents an accurate, complete statement of time and expenses in connection with the above action or proceedings.

Note: In accordance with TN Supreme Court Rule 13, Section 4, the court order authorizing the services must be attached.

Signature of Interpreter/Date

Signature of Attorney/Date



CC7-127